

**MINUTES  
of the  
THIRD MEETING  
of the  
LEGISLATIVE HEALTH AND HUMAN SERVICES COMMITTEE**

**August 28-30, 2006  
Global Resources Center  
Western New Mexico University  
Silver City**

The third meeting of the Legislative Health and Human Services Committee (LHHS) for the 2006 interim was called to order by Representative Danice Picraux, chair, on Monday, August 28, 2006, at 9:10 a.m. at the Global Resources Center at Western New Mexico University in Silver City.

**Present**

Rep. Danice Picraux, Chair  
Sen. Dede Feldman, Vice Chair  
Sen. Rod Adair  
Rep. William "Ed" Boykin  
Rep. Keith J. Gardner  
Sen. Steve Komadina  
Rep. Jim R. Trujillo

**Absent**

Sen. Mary Kay Papen

**Advisory Members**

Rep. Ray Begaye (8/28, 29)  
Rep. Miguel P. Garcia  
Rep. Antonio Lujan  
Sen. Gerald Ortiz y Pino  
Rep. Edward C. Sandoval  
Rep. Gloria C. Vaughn (8/28, 29)

Sen. Sue Wilson Beffort  
Rep. Gail Chasey  
Sen. Clinton D. Harden, Jr.  
Rep. John A. Heaton  
Sen. Timothy Z. Jennings  
Sen. Gay G. Kernan  
Sen. Linda M. Lopez  
Rep. James Roger Madalena  
Rep. Terry T. Marquardt  
Rep. Rick Miera  
Sen. Nancy Rodriguez  
Sen. Leonard Tsosie  
Rep. Luciano "Lucky" Varela

(Attendance dates are noted for those members not present for the entire meeting.)

**Staff**

Jennie Lusk  
Cristina Martinez  
Ramona Schmidt

**Guests**

Senator Ben D. Altamirano

Representative Manuel G. Herrera

The guest list is in the meeting file.

Copies of all handouts and written testimony are in the meeting file.

**Monday, August 28**

Representative Picraux welcomed all to the meeting and introduced Senator Altamirano, who also welcomed all to the LHHS meeting. Senator Feldman asked Henry Torres, chair, Grant County Commission, and James Marshall, mayor of Silver City, to address the committee. Mr. Torres gave a brief history of the area and encouraged all to return to enjoy the recreational facilities and hospitality of Grant County. Mayor Marshall welcomed the committee. Gwen Cassel, dean, School of Health Sciences and Human Performance, welcomed all to Western New Mexico University (WNMU) and shared the programs offered through the school. Committee members introduced themselves to the audience.

**Expanding Medical Career Opportunities for New Mexico Hispanic Students**

Steve Lucero, executive director, and Anthony Vigil, M.D., president of the New Mexico Hispanic Medical Association (NMHMA), described expanding medical career opportunities for New Mexico Hispanic students. Dr. Vigil stated NMHMA is restructuring the organization to increase its impact. He reviewed the various programs in which NMHMA is involved. Mr. Lucero noted NMHMA is currently developing a discount card program for uninsured and low-income families in New Mexico. Mr. Lucero noted that if minority and disadvantaged students are provided with equal education opportunities and experiences, they will have a greater chance of success and be able to effectively compete for opportunities in medicine and medical-related fields. The presenters described a new undergraduate medical school preparation program currently being negotiated for funding at New Mexico Highlands University. Mr. Lucero reviewed the five-year budget and said NMHMA would be working with legislative staff on future legislation.

Committee discussion involved funding in the Public Education Department's budget, the future of physicians returning to practice in rural areas of the state, the percentage of Hispanics graduating from the University of New Mexico (UNM) School of Medicine, discount determination for the discount card program, scholarships granted for Kaplan preparation for the MCAT and legislation requirements.

**The Need for Nurses in Rural Areas**

Pat Boyles, executive director, Center for Nursing Excellence, introduced Carolyn Roberts, executive director for the New Mexico Nurses Association, and Patricia McIntyre, R.N., M.S., N.P., department chair, WNMU Nursing Program. Ms. Boyles reviewed New Mexico nursing statistics: there are 15,168 registered nurses (RNs) with residency and 2,916 licensed practical nurses (LPNs), with residency, for a total of 18,084. She noted the number of nurses compared to Labor Department 2002-2012 projections, with RNs above the projected need and LPNs below the projected needs. Ms. Boyles said the hard work done by those involved, including legislative support in funding, has resulted in an increase in nurse candidates

passing their state boards; however, there is concern that the number of nurses who have passed their state boards is not reflected in the numbers in the workforce. She noted work is being done on methodology to collect data on an ongoing trending basis to support future decision-making.

Ms. McIntyre shared some of the accomplishments of the nursing department and addressed some of the challenges in nursing in rural New Mexico near the border. She noted the AND Program has graduated a total of 241 nurses. Challenges of rural nursing education programs in New Mexico include distance, technology, student preparation, clinical sites, capacity, faculty shortage and funding.

Ms. Roberts reviewed the staffing numbers of RNs and LPNs in New Mexico by county. She addressed available student loan programs in the state. The ranking of nurses and pertinent regulations were shared with the committee. Committee members raised issues concerning the annual faculty funding process and its impact on teaching, the traveling nurse and the impact of a master's degree in nursing.

### **Increasing Access to Health Care Through Including Prescriptive Authority for Chiropractors**

Dr. Stephen Perlstein stated that chiropractors are proposing an advanced chiropractic bill seeking to expand their scope of practice to include prescriptive authority for advanced certification chiropractors to better use chiropractors as primary care physicians, thus allowing them to expand their services into rural areas. He noted if this legislation passes here, New Mexico would be the first state in the nation to adopt this practice. It was clarified that chiropractors are not currently included in the New Mexico Drug, Device and Cosmetic Act, the Pharmacy Act and the Controlled Substances Act. The bill would require advanced training in primary care prior to issuance of the advanced practice license. It was clarified that advanced chiropractors would continue their current practices, but with expansion to include prescriptive authority. The panel stated that it is looking for independent prescribing authority for the types of drug prescribed in a primary care setting and would create a formulary similar to proposals of doctors of oriental medicine, which would be germane to the specific type of practice. A request was made that a specific formulary be drafted and shared with the committee to assist with evaluating the proposed legislation.

Committee members raised issues including whether the federal Drug Enforcement Agency would allow certification, the effect on malpractice insurance coverage for chiropractors and the dispute within the profession regarding the basic philosophy of chiropractic medicine of no drugs/no surgery.

### **Status of Hospital Services in Southwestern New Mexico**

Committee members and staff were transported to the Gila Regional Medical Center for lunch and a presentation by John Rossfeld, chief executive officer, on the Gila Regional Medical Center and the surrounding area's health care services. Mr. Rossfeld discussed both the center's operating philosophy and its expansion of services.

### **Report on Emergency and Trauma Services**

Don McNutt, director, described the emergency and trauma services at the Gila Regional Medical Center and reviewed the Gila Regional EMS Operations Plan.

### **Forty Bayard Tour**

Committee members and staff were taken on a tour of Fort Bayard, including its cemetery and grounds.

### **Statewide Primary Health Care Needs**

David Roddy reported on New Mexico primary care clinics. Mr. Roddy stated that due to increased demand from the uninsured and rising costs, primary care clinics lost \$2.3 million in 2004 and \$2.8 million in 2005, despite implementing austerity measures. Mr. Roddy requested legislative funding for a \$3 million increase in operating capital to maintain the increased capacity developed to serve New Mexico's rural, underserved and uninsured populations. He also stated he is requesting a capital investment of \$4 million over a two- to three-year period to implement electronic health records at primary care and school-based clinics. Mr. Roddy noted that primary care clinics are major partners with the state in telehealth, school-based clinics, immunization and other public health initiatives.

### **Public Comment**

Fort Bayard Historic Preservation Society members stated they are committed to the preservation of the Fort Bayard National Historic Landmark. They noted their endeavors focus on the preservation of buildings currently being used, the restoration of buildings that can no longer be used and the preservation of the narrative of Fort Bayard in both its role as a fort in the Indian wars of the region and as a United States Army and public health facility for the treatment of tuberculosis.

The meeting recessed at 4:50 p.m.

### **Tuesday, August 29**

Representative Picraux reconvened the meeting at 9:15 a.m.

### **The Impact of Hunger on Overall Health in New Mexico/Looking Toward a Future Without Hunger for New Mexicans**

Mary Oleske and Clark deSchweinitz addressed the committee on the face of hunger in New Mexico 2005. Mr. deSchweinitz reviewed the goals of the organization. Rozella Kennedy presented an overview on hunger, stating that hunger is closer than people think and sometimes difficult to recognize. Panel members reviewed who lives in poverty, who seeks help from emergency food providers, the impact of hunger on children, ways parents shield their children from hunger, the impact of hunger on seniors, the food gap, the 2006 federal poverty guidelines, the effects of poor nutrition, the health cost of poor nutrition and the cost of obesity in New Mexico. The executive summary from 2005 was shared with the committee.

### **What Can Be Done to Address Hunger in New Mexico?**

Panel members spoke to the committee on closing New Mexico's rural food gap. The New Mexico Association of Food Banks is a collaborative organization consisting of eight food banks that service the entire state. The system of delivery of foods was reviewed. Federal and

state programs were reviewed, including food stamps, the Emergency Food Assistance Program, Women, Infant and Children (WIC) Program, Commodity Supplemental Food Program, Homeless Meals Program and Summer Food Service Program. The program information shared included program administration, number of meals and clients served and the cost of the programs.

Panel members made the following legislative support requests to the committee:

1. \$1,440,000 for healthy kids and healthy economy with the farm-to-school initiative;
2. \$500,000 in new funds, for a total of \$1,100,000, for expansion of the New Mexico food bank programs;
3. \$126,000 for the Senior Farmers' Market Nutrition Program to provide 2,000 low-income seniors \$60.00 to purchase fresh produce at farmers' markets;
4. \$2,000,000 for the Seniors Food Stamp Supplement Program; and
5. an increase by \$2,700,000, for a total of \$4,200,000, to fully fund statewide the Universal School Breakfast Program.

Committee members asked that they be kept informed on departmental budget requests that may affect these programs. Panel members and committee staff were asked to track the possible effects on the program by the federal Deficit Reduction Act as they become available. It was noted that there is an outside evaluator looking at reasons why people do not apply for food stamps, some of which include transportation, issues with pride and the wait period. The end results of the demonstration program will be shared with committee members. The WIC Farmers' Market Program was discussed and it was noted there is a hope to expand the program. Ms. Hoffman stated they are making progress in increasing use of farmers' markets by those enrolled on food stamps.

Brenna Brown, a certified chef and resident of Silver City, prepared a meal for the committee and audience members. Ms. Brown stated the ingredients in the meal were all raised in New Mexico and each plate provided for lunch cost approximately \$4.00.

Discussion included the food offered through the backpack programs and various suggestions for providing healthy food for adults and children. Ms. Hoffman noted that the legislative request for new money is less than \$5 million and would have a great impact in reducing hunger.

### **Community Health Assessment, Priorities, Profile and Plan to Reduce Disparities**

Gary Stailey, co-chair of the Grant County Community Health Council, introduced the other members of the health council, including Sam Redford, Bob Reese, Priscilla Lucero, Dale Pelton and Beverly Allan-Ananins. The wellness model used by the health council, which includes the physical, emotional, spiritual, intellectual, social, cultural, occupational, material and financial, and environmental components, was reviewed. The issues discussed included the diverse health council membership, the health council history, the mission of the health council, the value of health councils, community health improvement, building community capacity, the community enhancement fund, assessing and prioritizing needs, the Grant County focus group priorities for 2006, mobilizing community action and the Red Hot Children's Fiesta. Health council profiles are being developed in each county and legislators are encouraged to access

information through that forum. Panel members also encouraged members to ensure that funding not be reduced but continue at the present rate.

### **Three-County Update on Behavioral Health Redesign in Rural-Frontier New Mexico**

Mary Stoecker, Megan Pierro, Beverly Allan-Ananins and Rebecca Astrada presented before the committee on the Southwest Behavioral Health Team (SWBHT, also known as the JD 6 Local Collaborative) on the history of the SWBHT, the components of JD 6 Local Collaborative, the core values, the development of the collaborative, the health council role, the health council/JD 6 role, the district cabinet role, the behavioral health needs assessment, strengths, challenges and the cost of travel to Albuquerque/Santa Fe. The JD 6 legislative priorities for FY 2008 were reviewed and include funding for staffing, new or enhanced treatment and housing and funding for behavioral health professionals and early intervention services. It was noted that the SWBHT legislative committee is a subcommittee of the JD 6 Local Collaborative. Panel members said the local collaborative development has benefited from the three-county relationship, which has been strengthened due to joint planning, assessment and coordination.

Former Representative Murray Ryan was recognized from the audience and he welcomed the committee members and staff to Silver City.

Committee discussion included adequate funding, concern by providers experiencing difficulty with the behavioral health collaborative move to ValueOptions and the inadequacy of services provided for those needing substance abuse or violence abuse counseling.

A motion was made to approve the July meeting minutes, as corrected, motion seconded and unanimously adopted.

### **Border Area Mental Health and Border Behavioral Health Update**

Rob Connoley, Border Health Mental Health Services, presented before the committee on border area mental health issues. Mr. Connoley stated his organization is addressing needs through collaboration by using data from the Community Health Assessment, agency utilization statistics and national data. The Border Health Mental Health Services are under the guidance of the Southwest New Mexico Behavioral Health Continuum of Care and JD 6 Local Collaborative. He noted the Kokopelli Intensive Outpatient is funded through federal support and uses the Matrix Institute Model. Mr. Connoley reviewed aspects of the matrix model, including traditional models, that are supported by funding that include either outpatient or inpatient.

The HRSA Rural Healthcare Services Outreach Program goals were reviewed by Mr. Connoley. The goals include: Intensive Outpatient Program (IOP) services for clients with alcohol addiction, interagency networking, workforce development and access to psychotropic medications. The challenges include seeking rate schedules consistent with Department of Health fee for services, seeking ValueOptions service definition for IOP aligned with federal partners, seeking continued streamlining of the licensure process, seeking state encouragement of child psychiatric services and seeking stronger support of psychotropic medications through ValueOptions.

### **Expanding Access to Dental Care Through Dental Hygienists**

Barbara Posler and Paula Jenkins addressed the committee regarding collaborative dental hygiene practitioners (CDHP). Ms. Posler discussed some of the challenges, including difficulty in finding consulting dentists (especially Medicaid providers), reluctance of third-party payers to recognize dental hygienists as primary care providers and limited effectiveness due to restrictions in the statutes and regulations on diagnosis, supervision and written authorizations. She stated that recommended solutions include allowing delivery of local anesthesia without dental supervision in order to provide cost-effective periodontal care, allowing CDHP to assess for sealants, enforcement of the law requiring third-party payers to recognize CDHP as primary care providers and allowing CDHP who have additional certification to receive the special needs Medicaid reimbursement for treating people with developmental disabilities. Ms. Jenkins shared her experiences as a dental hygienist working with Hidalgo Medical Services (HMS).

Delivery of local anesthesia and assessments for sealants by CDHP would require statutory change. Ms. Posler stated that in the future, dental hygienists would like to see a mid-level dental hygiene practitioner, modeled after the nurse practitioner, who with additional education can deliver therapeutic, preventive, diagnostic and limited restorative services in public health partnerships to fill the gap in needed services.

Ms. Posler stated that while no states currently have mid-level dental hygienist practitioners, there is a recommendation from HRSA to increase the number of mid-level practitioners.

### **Subcommittees**

Representative Picraux reminded the committee members that the committee may create subcommittees as needed and asked committee members for their preferences if the volume of committee requests requires additional review. It was suggested to use the morning of the first day of scheduled LHHS meetings for review, but if the committee is unable to complete the review of requests, then to use the afternoon of the third day. Requests will be evaluated at the October meeting to see if subcommittees are necessary or if needed for the November meeting. It was suggested to break the subcommittees up by topic and have staff develop a common template for evaluation criteria.

### **Public Comment**

No public comment was given.

The meeting recessed at 4:50 p.m.

### **Wednesday, August 30**

Representative Picraux reconvened the meeting at 8:35 a.m.

### **Policies Affecting the Health of Rural New Mexico**

Charlie Alfero, chief executive officer, HMS, introduced Nikki Zeuner, Dr. Art Kaufman and Eileen Sullivan to address the committee on health disparities, integration of medical, dental and mental health services, the development of the Wellness Coalition to expand resources to address disparity in health and the distribution of health professionals within the state. Recommended considerations and legislative initiatives were: improved primary care funding, a

creative rural primary care training model, improved loan repayment opportunities, establishment of community health extension offices, telehealth, local capacity building, rural long-term care development, substance abuse intervention and increased capital outlay.

Mr. Alfero stated that Rural Primary Care Act funding mitigates some distribution problems but he would like the committee to look at expansion of models and electronic medical records transfer within the state. Mr. Alfero shared the history and current services and programs offered through the HMS model. He noted HMS is working on workforce housing, which will positively affect economic development. Mr. Alfero reviewed the HMS growth and trends with a 30 percent increase in services annually and a 50 percent increase just in the past year. He stated the number of HMS employees has grown from 40 in 2002 to 125 in 2006. Health plan priorities for future development include expansion of site development, program development and a recruitment plan including developing primary care residencies in Silver City. Mr. Alfero shared the primary care environment implications, data on preventable hospitalizations and local health issues, recommending primary health care and dental health residencies and a "hospitalist" for Silver City.

Dr. Art Kaufman, chair, Family and Community Medicine, UNM, stated that UNM is moving in a different direction to address the growing need for new models of care integrating public health and medicine. He suggested filling UNM residencies with medical students working in their hometowns rather than placements in unfamiliar environments and noted that most doctors establish practices in the same town in which they completed a residency. Mr. Alfero reviewed the concepts of family support integrated into the HMS model and noted the importance in improving wellness and access to health and human services. He stated the Growing Up Together Strong (GUTS) Program is working with teens who are pregnant or parenting. HMS also contracts for external evaluation of the efficacy of the program.

When questioned on health status problems related to the incidence of mining, it was noted that there is no specific data but the incidence of depression and alcoholism did rise when the mines closed. It was clarified that rural areas have a higher incidence of health issues in part due to older populations and fewer resources. The number of uninsured people in rural areas is estimated to be 50 percent higher than in urban areas. Discussion occurred on school-based health clinics versus school-located health clinics and the issues related to using public facilities by private entities and the liability issues. Mr. Alfero stated this is a public health and an acute care setting model. He noted that the numbers of primary health care doctors graduating from medical school remains small because of higher salaries for specialists and an academic emphasis on training of specialists.

Eileen Sullivan, executive director of the Wellness Coalition, stated it is the goal of the Wellness Coalition to improve the quality of life and build capacity in southwest New Mexico. She stated the Wellness Coalition uses a collaborative approach allowing the four-county area to leverage and share resources, learn from each other and share implementation or successful models. She gave an overview of some of the programs under categories such as youth development and substance abuse and prevention programs. She stated building capacity includes human resources and technical infrastructure and there is a need for coordination on a larger level to ensure there is not duplication of effort. Ms. Sullivan said that on a statewide level there is a need to merge electronic medical records with the telehealth technologies; and



within the four-county area, what they have learned from the Chasi System will help to integrate and make the most use of the systems out there.

Ms. Zeuner stated that when a large number of grants were received through the Wellness Coalition, the coalition recognized barriers resulting from inadequate capacity development of nonprofit entities. She reminded the committee that as a sector, nonprofit organizations are a large part of the economy and as a group are major state vendors. She reviewed characteristics shared by health nonprofits and their challenges.

Mr. Alfero discussed issues related to the primary care supply in America and within New Mexico. A study by Dr. Mario Pacheco addressing the impact on rural New Mexico of a family medicine residency was distributed to committee members and discussed by Dr. Kaufman. Factors associated with building the work health force were reviewed. Mr. Alfero stated three concepts for consideration by the legislators include community health extension centers, expanding community-based education and rural residency program expansions.

Ms. Zeuner reviewed gaps between community and UNM programs; ways to improve the partnerships; existing building blocks in New Mexico communities; criteria for selecting community partners; volunteer pilot sites; long-term goals; first-year priorities, which include education, service, research and policy; and implementation of pilot community health extension offices.

Mr. Alfero shared his vision of how to expand primary care practice in the areas, including rural primary care training for family practice and inclusion of pediatric, psychology and other subspecialties. He suggested using Medicaid funds if possible to match dollars needed for training in the rural areas.

Committee members raised issues including other state medical school graduation retention rates, integration of residents into rural communities, the changing demographics in New Mexico and future needs. It was noted it will be necessary to address the disparities in pay.

Senator Feldman thanked all for their presentations and stated she regretted the committee did not have the opportunity to discuss rural long-term care but would hope to do so at a future meeting. She asked for more detailed information from Mr. Alfero on his proposal for partial Medicaid funding for primary care residency in rural areas.

### **Adjournment**

Senator Feldman adjourned the meeting at 12:20 p.m.